



Rio Arriba County Detention Center (RACDC) POLICY 099A ADULT SEXUAL HARRASSMENT INCIDENT REPORT FORM

Employee Title and Department Supervisor Date

Date of Incident: _____

Location of Incident: _____

Charging/Complaining Party: _____

Witnesses (If additional space is needed attach sheet):

Name

Phone Number

Statement of Incident (Summary of what happen):

(If additional space is required attach sheet)

Investigation Conducted By (Management Person) _____

Recommended Action:

___ No Charge(s)

___ Initiate charge(s)

Management Person

Date